

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4	2					
5	2					
6						
7						
8						
9	2					
10 ~						
11	1					
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	14					

	IND		DEP		IND		DEP		IND		DEP	
	51	52	53	54	55	56	57	58	59	60	61	62
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TOTAL CLAIMS	14											